



**MICHIGAN MEDICAID ELIGIBILITY  
SCREENING FOR NURSING  
FACILITIES, MICHoice WAIVER,  
AND PACE PROGRAM:**

**Your Rights If You Receive Notice  
That You Do Not Qualify**

As of November 1, 2004, Michigan has begun using a new electronic web-based screening tool to decide whether **Medicaid-eligible** individuals are eligible for nursing facility level of care in a long-term care facility, the MI Choice or PACE programs.

All **Medicaid-eligible** individuals seeking admission to a nursing facility, the MI Choice program, or the PACE program or seeking re-certification of Medicaid must now be screened in seven areas:

- Activities of Daily Living
- Cognitive Performance
- Physician Involvement
- Treatments and Conditions
- Skilled Rehabilitation Therapies
- Behavior
- Service Dependency

**Medicaid-eligible** individuals who must be screened include:

- ❑ Those already residing in a facility who have just qualified for Medicaid
- ❑ Those already qualified for Medicaid who have completed or declined Medicare-funded rehabilitation and who are returning to a Medicaid bed
- ❑ Non-emergency transfers from another nursing facility where they had been receiving Medicaid coverage
- ❑ Current Medicaid-eligible residents who were admitted prior to November 1, 2004, will be screened no sooner than the anniversary date of admission to long term care and no later than October 31, 2005

**If Medicaid-eligible persons are determined not to need nursing facility level of care in ANY of the seven screening areas: Two Ways to Request a Review of the Screening:**

1. The service provider may request an **IMMEDIATE REVIEW** from the Michigan Peer Review Organization (MPRO), which is the designated agent to decide whether the person will receive an **EXCEPTION** allowing them to continue to receive Medicaid services. If MPRO refuses the EXCEPTION, you will receive one of two types of **Adverse Action Notice**. You may then request a **Medicaid Fair Hearing**.

To request a Medicaid Fair Hearing, you must complete a "Request for an Administrative Hearing" (DCH-0092) form and mail it to:

**Administrative Tribunal  
Michigan Department of Community Health  
P.O. Box 30763  
Lansing, Michigan 48909**

The Medicaid Fair Hearing Request MUST be received within 90 calendar days of the date of the **Adequate Action Notice** or **Advance Action Notice**, in writing, and signed by you or a person authorized to sign it for you.

2. If you are verbally notified by the facility or service provider, that you do not qualify **AND** the facility or provider has NOT contacted MPRO to request an EXCEPTION, you may then request any or all, together or separately, of the following:

**Immediate Review:** To obtain an Immediate Review, you must contact the Michigan Peer Review Organization (MPRO) at 1-800-727-7223 before 12:00 PM (noon) on the date following your notification that you do not qualify.

MPRO will review your medical records and other information about whether your needs could be met outside a nursing facility or the MI Choice program or PACE. MPRO may decide to issue an EXCEPTION allowing you to be admitted to the nursing facility or MI Choice or PACE. If MPRO agrees that you are not eligible for nursing facility level of care, you still have the right to request a Medicaid Fair Hearing as described above.

**ADVOCACY TIP:** If you feel that the first screening was not accurate because it contained incorrect or incomplete information about your needs, you may request that the screening be redone. The second screening must be dated with the date on which it is given. It is not necessary to wait any specific time period before requesting a second screening. It may be requested the same day as the first screening.

If you qualify under the second screening, the Michigan Department of Community Health may conduct a review of your medical records to ensure that the second screening was accurate.

For more information please call our toll free number:

**1-866-485-9393**